

Meeting Notes
California Senate Bill 702 Expert Working Group on
Environmental Health Tracking
December 18th and 19th 2002
Preservation Park
Oakland CA

Members Present:

Member	Affiliation
Running Grass	US EPA, Region 9
Mark Horton	County of Orange Department of Public Health
Joyce Lashof, Chair	UC Berkeley, School of Public Health
Joseph Lyou	California League of Conservation Voters, Education Fund
Thomas McKone, Co-Chair	UC Berkeley, School of Public Health
Larry Needham	National Center for Environmental Health, CDC
William Pease	GetActive Software
Dorothy Rice	UC San Francisco
Beate Ritz	UCLA, School of Public Health
Bill Satariano	UC Berkeley
Paul Schulte	NIOSH/CDC
Gina Solomon	NRDC and UC San Francisco

For a copy of the SB 702 Expert Working Group Project Charter, and minutes from previous meetings please visit www.ehib.org and look for the link: California Environmental Health Tracking Expert Working Group Meetings

I. Key Points from the December 18th and 19th Meetings

A model was presented to the expert working group (EWG) to promote discussion of the most effective approach for categorizing environmental hazards and health outcomes and identifying the appropriate actions to recommend for each of these categories in the implementation of a tracking system in California. The proposed categorization scheme was not intended as a prioritization scheme. The EWG recommended that the categorization of health and environmental exposures be further developed, and that a decision tree matrix for prioritization of environmental hazard data is included in the model in order to effectively prioritize which hazards to track and to what extent.

The Environmental Health Investigations Branch (EHIB) has developed a table of existing health and environmental databases in California. Database characteristics described in the table include the coverage of the database, the source of the data, the reference year, the types of data elements (e.g. medical, demographic, occupational), and the type of reporting (e.g. passive or active). The EWG recommended that this table be expanded to include Federal and researcher-derived databases, and additional relevant information regarding the databases be added. The table should also include internet links to the databases whenever possible. The members also recommended that a separate matrix be created that would look at priority health and environmental hazards and existing databases to identify where gaps in the data exist. The final report to the California Legislature should include an update on the status of each disease registry in California.

The chair recommended the creation of a department within CDHS (possibly within DEODC) which would be comprised of staff from CDHS and CalEPA with expertise in environmental and health databases. The department would be charged with researching and reporting on data linkage issues as well as the accessibility, usability and quality of existing California databases for the purposes of effectively and efficiently tracking environmental hazards and health outcomes over time.

The EWG resolved to devote one hour per meeting-day for community presentations in order to hear directly from community-based organizations about how communities are assessing their own health status, as well as barriers encountered and resources needed.

The EWG resolved that public input can exceed the 3 minute time limit stated in the SB 702 EWG Public Comment Protocol when deemed appropriate by EWG members.

EHIB staff agreed to make all presentation materials available to the public at each EWG meeting.

Several EWG members and public participants expressed that it was necessary to increase public participation at future EWG meetings. EHIB staff indicated that they, in cooperation with key EWG members would make every effort to achieve this goal.

II. Presentations to Working Group

Copies of these presentations are available upon request. Please email mjohnson@dhs.ca.gov

Presentations on Environmental Hazard Database Issues

Tom McKone, Ph.D
UC Berkeley, School of Public Health

Bob Gunier, MPH, Research Scientist
Environmental Health Investigations Branch

Presentation on Prioritizing Health Outcomes

Gina Solomon, Ph.D
UC San Francisco/Natural Resources Defense Council

Discussion of Proposed Framework for Categorizing Hazards and Disease Outcomes

Geoff Lomax, Dr. P.H., Tracking Research Director
Environmental Health Investigations Branch

III. Summary of Public Comments

The EWG should attempt to define what is relevant and important for tracking. What will tracking tell us that is different from what we already know? When picking things to track, what will be done with that information? Will it be used for policy intervention, for identifying areas for future research, for cluster identification? It is important for public policy and decision-making to identify with respect to tracking whether environmental hazards and health outcomes are getting better or worse.

This EWG report should be a policy recommendations report. The recommendations could be lifted and dropped into proposed legislation. It is important to consider tracking in the context of the health care crisis, and in terms of health-care access issues. The EWG should look at other tracking systems for how to identify health outcomes such as doctors' first reports. Should we track all new products and all new chemicals? Where do we get the most for the least dollars? The EWG should weigh in favor of sentinel event tracking.

The EWG should not abandon the tracking of hazardous chemicals. New toxic chemicals are being introduced in this state all of the time and outcome data should not be outweighed over hazard data. The EWG is urged to include hazard tracking in its recommendations because this is one key way to prevent adverse health outcomes.

The Precautionary Principle should be remembered in the EWG's deliberations, because it can be used to address chemicals that society doesn't have a lot of information on so that the burden of proof is shifted to the manufacturer or emitter of the hazard. The final report should note where more study is needed regarding these poorly understood hazards and identify chemicals of concern that Precautionary Principle folks can use.

An effective model for data linkage (e.g. Kaiser links clinical, pharmacy and health education data) can be useful for trying to better understand the link between health and the environment. Using new technologies that link labs together and help hospitals compile their data becomes useful at a systems and population level. Applying a systems approach to data linkage will help us answer what we can and can't do with tracking. The EWG should identify a long term vision of what the capabilities of a tracking system are and how it will help us. Also, we don't have trend information regarding chronic diseases. Linking BRFS and CHIS would give us some trend information and should have already been done. It is important to look at disparities of risk, race, ethnicity and SES in the data. Additionally, a "Library" system could be created for different kinds of data searches. Different levels could be created for "checking out"

the data- depending on the level of confidentiality associated with the data. Such a system would be more open than a clearing house. The EWG should insist that people collect information that is accessible to others and recommend a “library” or similar permission system.

Epidemiological tools are needed at the local health department level for use in analyzing data sets available to local health departments. A tool such as open source software could be made available so that researchers are not impeded by lack of resources. Also, it is important to look at trends in data quality for a successful tracking system. The quality of the data is not very good in some of the ongoing data sets. Response rates are an issue (low with CHIS and declining with BRFS). The EWG needs to think about the future of data and how useful it will be for tracking purposes.

How can environmental health tracking for change be instituted at the local level? Can the habits of people (and the habits of those who work in public health) be changed to lower their risks? It is hard to get this topic towards the top of the agenda. The health care system doesn't work for kids and doctors. How can organizations work with other organizations to help change behavior of parents and caregivers with regards to environmental health risks? Where does tracking reach in to make a difference? How can health tracking efforts be targeted so that these efforts will help change environment and health at the local level and influence behavior change? Is there something that this group can do to impact health at the local level?

Joyce Lashof adjourned the meeting at 2:30 PM on December 19th.

The next meeting is scheduled for Wednesday March 19th 9:00 AM-4:30 PM, and Thursday March 20th 9:00 AM-3 PM in Los Angeles. Conference call access to the L.A. meeting is available. Please contact the program coordinator within one week of the meeting.

Meeting Location:

LA Department of Water and Power
111 N. Hope Street
Los Angeles, CA 90012

LA, San Francisco and Portland Conference Rooms (combined)

Submitted by:

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